

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-026937

3734

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

149

Primary Registration District No.

1062

Registrar's No.

149 **AUG 2 1962**

1. PLACE OF DEATH

a. COUNTY **Jackson**

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN **Kansas City**

Length of stay in lb
46 yrs.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION **VA Hospital**

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Missouri** COUNTY **Jackson**

c. CITY OR TOWN **Kansas City**

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
7208 Agnes

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

First

Middle

Last

PAUL

OTHO

ATCHISON

4. DATE OF DEATH

Month

Day

Year

July 17, 1962

5. SEX
Male

6. COLOR OR RACE
White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
2-1-97

9. AGE (last birthday)
65

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Railway Express Clerk

10b. KIND OF BUSINESS OR INDUSTRY
Transportation

11. BIRTHPLACE (City and state or country)
Strasburg, Mo.

12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

George W. Atchison

13b. MOTHER'S MAIDEN NAME

Myrtle F. Ashcraft

14. NAME OF HUSBAND OR WIFE

Florence Atchison

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, go, or unknown) (If yes, give war or dates of service)
Yes **WWI**

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

VA Hospital Records.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) **Bronchopneumonia and pulmonary infarction**

INTERVAL BETWEEN ONSET AND DEATH

20 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) **Infarction of left occipital and parietal lobes of brain**

DUE TO (c) **Cerebral arteriosclerosis**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. Attended the deceased from **May 8, 1962**

to **July 17, 1962**

Death occurred at **7:25 pm**

22a. SIGNATURE

PAUL S. QUINN, M.D.

22b. ADDRESS

M. D.

VA Hospital, Kansas City, Mo.

22c. DATE SIGNED

7-18-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

7-20-1962

23c. NAME OF CEMETERY OR CREMATORY

Floral Hills

23d. LOCATION (City, town, or county)

Kansas City, Missouri

24. FUNERAL DIRECTOR

Floral Hills Memorial Chapels, Inc

ADDRESS

Blue Ridge & Gregory

25. DATE RECD. BY LOCAL REG.

7-18-62

26. REGISTRAR'S SIGNATURE

Ruth H. Lang

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed C. M. Janner

Licensed Embalmer No. 3453

P. O. Address H. E. Han

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.